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|---|---|-----------------------|---|---|--|----------------------------------|---|--|
| ORDER FOR SUPPLIES OR SERVICES | | | | | Form Approved | | Page 1 Of 5 | |
| 1. Contract/Purch Order No. | | 2. Delivery Order No. | | 3. Date Of Order | | 4. Requisition/Purch Request No. | | 5. Certified for National Defense Under DMS Reg 1 Priority DOA5 |
| DAAE20-99-P-0374 | | | | 1999SEP16 | | SEE SCHEDULE | | |
| 6. Issued By | | | Code | 7. Administered By (If other than 6) | | | Code | 8. Delivery FOB <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other (See Schedule if other) |
| TACOM-ROCK ISLAND AMSTA-LC-CAC-C BARBARA ABBAS (309) 782-3918 ROCK ISLAND IL 61299-7630 EMAIL: ABBASB@RIA.ARMY.MIL | | | W52H09 | DCMC GARDEN CITY 605 STEWART AVENUE GARDEN CITY NY 11530-4761 SCD A PAS NONE ADP PT SC1012 | | | S3309A | |
| 9. Contractor | | | Code | Facility Code | 10. Deliver To FOB Point By (Date) | | | 11. Mark If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned |
| LAUMANN MFG CORP 155 COMAC ST RONKONKOMA NY 11779 | | | 65273 | | SEE SCHEDULE | | | |
| | | | | | 12. Discount Terms Net 30 Days | | | |
| 13. Mail Invoices To | | | | | See Block 15 | | | |
| 14. Ship To | | | Code | 15. Payment Will Be Made By | | | Code | Mark All Packages And Papers With Contract Or Order Number |
| SEE SCHEDULE | | | | DFAS-COLUMBUS CENTER DFAS-CO-JNB/BUNKER HILL P O BOX 182077 COLUMBUS OH 43218-2077 | | | SC1016 | |
| 16. T O Y R P D E E R O F | Delivery | | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | |
| | Purchase | X | Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2099T0199, Dated 1999SEP01 furnish the following on terms specified herein. | | | | | |
| | | | Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same. | | | | | |
| Name Of Contractor | | Signature | | Typed Name And Title | | Date Signed | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE | | | | | | | | |
| 18. Item No. | 19. Schedule Of Supplies/Service | | | 20. Quantity Ordered/ Accepted* | 21. Unit | 22. Unit Price | 23. Amount | |
| | SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | | | | | |
| * If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | 24. United States Of America | | | 25. Total | \$34,375.00 |
| | | | | By: JUDY BECHTLER-HOLZER BECHTLER-HOLZERJ@RIA.ARMY.MIL (309) 782-8530 | | | 29. Differences | |
| 26. Quantity In Column 20 Has Been | | | | | 27. Ship. No. | 28. D.O. Voucher No. | 30. Initials | |
| <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted Date _____ Signature Of Authorized Govt Representative _____ 36. I certify this account is correct and proper for payment Date _____ Signature And Title Of Certifying Officer _____ | | | | | <input type="checkbox"/> Partial <input type="checkbox"/> Final | 32. Paid By | 33. Amount Verified Correct For | |
| | | | | | 31. Payment | | 34. Check Number | |
| | | | | | | | <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final | 35. Bill Of Lading No. |
| 37. Received At | 38. Received By | 39. Date Received | | 40. Total Containers | 41. S/R Account No. | 42. S/R Voucher No. | | |

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|--|---|---------------------------|
| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-P-0374 MOD/AMD | Page 2 of 5 |
| Name of Offeror or Contractor: LAUMANN MFG CORP | | |

SUPPLEMENTAL INFORMATION

- 1. SOLICITATION DAAE20-99-T-0199 AND AMENDMENT 0001 ARE HEREBY INCORPORATED INTO THIS PURCHASE ORDER.
- 2. THIS PURCHASE ORDER IS AWARDED FOB DESTINATION.
- 3. IT IS REQUESTED THAT PRIOR TO ANY ACCELERATION OF SHIPMENTS ON THIS CONTRACT, THE CONTRACTING OFFICER BE NOTIFIED.
- 4. EARLIER DELIVERY IS ACCEPTABLE AT NO ADDITIONAL COST TO THE GOVERNMENT.
- 5. THE SHIPPED FROM ADDRESS IS AS FOLLOWS: TALCO COMPANY
33 COMAC LOOP
BUILDING 8, UNIT 2
RONKONKOMA, NY 11779-6813

*** END OF NARRATIVE A001 ***

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| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-P-0374 MOD/AMD | Page 3 of 5 |
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Name of Offeror or Contractor: LAUMANN MFG CORP

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|--------------|--------------|
| 0001 | <p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY</u></p> <p>NSN: 3010-01-172-3064 NOUN: CLUTCH,SLIDING SLEE FSCM: 19200 PART NR: 12270968-1 SECURITY CLASS: Unclassified PRON: M191A776M1 PRON AMD: 03 ACRN: AA AMS CD: 070011</p> <p><u>Description/Specs./Work Statement</u> TOP DRAWING NR: 12270968-1 DATE: 20-AUG-1996</p> <p><u>Packaging and Marking</u> SEE SECTION D FOR PACKAGING AND MARKING INSTRUCTIONS</p> <p>(End of narrative D001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD 001 W52H099162H905 W25G1U J 2 DEL REL CD QUANTITY DEL DATE 001 55 15-FEB-2000</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-P-0374/0000</p> | 55 | EA | \$ 625.00000 | \$ 34,375.00 |
| 0002 | <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.</p> <p>A DD 250 IS NOT REQUIRED.</p> | | | | |

Name of Offeror or Contractor: LAUMANN MFG CORP

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|--------|
| | <div>(End of narrative B001)</div> <div><u>Inspection and Acceptance</u> INSPECTION: OriginACCEPTANCE: Origin</div> | | | | |

CONTINUATION SHEET**Reference No. of Document Being Continued**

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PIIN/SIIN DAAE20-99-P-0374**MOD/AMD**

Name of Offeror or Contractor: LAUMANN MFG CORP

CONTRACT ADMINISTRATION DATA

| LINE | PRON/ | OBLG | | | | | | | JOB | ACCOUNTING | | OBLIGATED |
|--------|------------|------|------|---------------------------|-----------|----|------|--------|---------|------------|-----------|-----------|
| ITEM | AMS CD | ACRN | STAT | ACCOUNTING CLASSIFICATION | | | | ORDER | STATION | AMOUNT | | |
| 0001AA | M191A776M1 | AA | 2 | 97 | X4930AC6G | 6D | 26FB | S11116 | W52H09 | \$ | 34,375.00 | |
| | 070011 | | | | | | | | | | | |
| | | | | | | | | | TOTAL | \$ | 34,375.00 | |

| SERVICE | | | | | | ACCOUNTING | OBLIGATED |
|-------------|----------------------|----------------------------------|-----------|----|-------------|----------------|---------------|
| <u>NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | | | | <u>STATION</u> | <u>AMOUNT</u> |
| Army | AA | 97 | X4930AC6G | 6D | 26FB S11116 | W52H09 | \$ 34,375.00 |
| | | | | | | TOTAL | \$ 34,375.00 |